

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M03000002159**  
 1. Entity Name  
**STEINER PRODUCT SUPPORT U.S., LLC**



Principal Place of Business 770 SOUTH DIXIE HIGHWAY, SUITE 200 CORAL GABLES, FL 33146	Mailing Address 770 SOUTH DIXIE HIGHWAY, SUITE 200 CORAL GABLES, FL 33146
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**DO NOT WRITE IN THIS SPACE**



03012004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3701440	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 RODRIGUEZ, GLADYS  
 770 SOUTH DIXIE HIGHWAY, SUITE 200  
 CORAL GABLES, FL 33146

**DO NOT WRITE IN THIS SPACE**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2004**

000000086954  
 03/12/04-80043-014 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GREENHOUSE DAY SPA GROUP, INC. 770 SOUTH DIXIE HIGHWAY, SUITE 200 CORAL GABLES, FL 33146
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**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

SIGNATURE: *Robert C. Boehm*  
 Robert C. Boehm  
 Vice President and Secretary  
 3/8/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #